



**THE COMMONWEALTH OF MASSACHUSETTS**  
**DEPARTMENT OF PUBLIC SAFETY**  
**STATE ATHLETIC COMMISSION**

PLEASE SUBMIT APPLICATION TO:  
**ONE ASHBURTON PLACE, ROOM 1301, BOSTON, MASSACHUSETTS 02108**

**APPLICATION FOR BOXING  
MANAGER'S LICENSE**

(Please Type or Print Legibly)  
(Illegible or incomplete applications will not be accepted)

**BACKGROUND INFORMATION**

NAME \_\_\_\_\_  
First Middle Initial Last

ADDRESS \_\_\_\_\_  
Street City State Zip

DAYTIME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_  
Street City State Zip

EMPLOYER'S TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_

HAVE YOU EVER BEEN LICENSED AS A MANAGER IN ANOTHER STATE? \_\_\_\_\_

IF YES, WHICH STATES? \_\_\_\_\_

NUMBER OF FIGHTERS YOU ARE PRESENTLY MANAGING? \_\_\_\_\_



**THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION**

**(check box indicating compliance)**

- ☐ \$50 application fee
- ☐ two passport size photographs of the applicant's head (without headwear)
- ☐ copy of a government issued photo identification (e.g.- driver's license)

**PLEASE OUTLINE YOUR EXPERIENCE AND EXPLAIN WHY YOU BELIEVE YOU ARE QUALIFIED TO HOLD A MANAGER'S LICENSE:**

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**ATTESTATION**

*I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**FOR COMMISSION USE ONLY**

**DATE OF COMMISSION REVIEW:** \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_

**DATE LICENSE MAILED:** \_\_\_\_\_

**REASON FOR DENIAL:**

